

MONTANA CORRECTIONAL ENTERPRISES

**PRISON INDUSTRIES ENHANCEMENT CERTIFIED PROGRAM (PIECP)
DISPOSITION OF INCOME & VOLUNTARY PARTICIPATION FORM
CUSTOMER MODEL PIECP**

I, _____ AO _____, hereby certify that I have voluntarily applied for a position in the Prison Industry Enhancement Program (PIECP), and agree to the following deductions from my wages:

1. Federal Withholding Tax - 5% of the gross earnings
2. State Withholding Tax - 5% of the gross earnings
3. Montana Crime Victim's Compensation and Assistance Account - 15% of net earnings (net wage is gross earnings less Federal, and State withholding taxes.)
4. Family Support - 10% of gross earnings
5. Room and Board - 45% of gross earnings. These deductions are to be paid to the Department of Corrections, Montana Correctional Enterprises. Room and Board will be capped at \$300.00 per month.

I understand that the total deductions (number 1 through number 5) from my gross earnings will not exceed eighty percent (80%). I understand that I am required to file both a Federal and State income tax return. I further understand, that based on my income tax return filing, I may receive a refund of the withholding taxes withheld.

In addition to the above deductions, 10% of my net earnings will be deposited into a savings account, which will be returned to me upon discharge or parole from the State of Montana. I further understand that if I do not designate a family member to receive my family support, it will go directly to this savings account.

I further understand that this formula is subject to change by the Director of the Department of Corrections or his designee. If I disagree with any changes made to the disposition of my wages, I understand that I can discontinue participation in the Industries Work Program.

Page two has examples of how the deductions specified above will calculate for various gross earnings levels. These are examples only, and Montana Correctional Enterprises is not guaranteeing that any of the gross earnings examples will be met. Your gross earnings will be determined by the number of hours worked in a monthly pay period.

I have reviewed all of the above information. I have looked at the examples of the deductions on page two, and I am in agreement with the stated deductions. My employer, prior to my signing of this form, answered any questions I had in regard to the disposition of my wages.

MCE Industries Program

Inmate's Signature

MCE Supervisor

Date